

# Chapter 14: Instructions for the Rates Table Application Section

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## 1. Overview

The Rates Table Template defines the premium rate that an issuer charges for each type of subscriber that a plan covers. Based on variables such as Rate Effective Date, Rate Expiration Date, Age, Rating Area ID, and Tobacco, issuers enter the applicable rates for each type of subscriber type offered within these parameters. This template, in conjunction with the Business Rules Template, is used to calculate the premiums for each enrollment group.

## 2. Purpose

This chapter will guide you through completing the Rates Table Template including data requirements needed to complete the template, downloading the template, and instructions for each data field.

## 3. Rates Table Template Data Requirements

To complete this section, you will need your:

1. Health Insurance Oversight System (HIOS) generated Issuer ID
2. Federal Taxpayer Identification Number (TIN)
3. HIOS generated Plan IDs.

#### 4. Application Instructions

The Rates Table Template section of the Qualified Health Plan (QHP) Application uses an Excel template to collect plan rate information. Figure 14-1 contains some key items to note when reading these instructions and completing the Rates Table section.

Dual product issuers offering both QHPs and Stand Alone Dental Plans (SADPs) must enter rate information for these plans in separate Rates Table Templates, with one template containing only QHPs and the other template containing only SADPs. While the Rates Table Template is functionally the same regardless of whether QHP or SADP information is entered, both HIOS and System for Electronic Rate and Form Filing (SERFF) specifications require that dual product issuers submit separate Rates Table Templates for their QHPs and SADPs.

**Figure 14-1. Rates Table Template Section Highlights**

- Download the latest version of the Rates Table Template from <http://cciio.cms.gov/programs/exchanges/qhp.html>.
- The template should be completed using Microsoft Excel 2007 or 2010. Complete template functionality may not be fully supported by Microsoft Excel 2013.
- You must enter rate information for each QHP or SADP you plan to offer.
- The elements described in these instructions are in the same order as they will be found in the Rates Table Template.
- SADPs should be entered on a separate Rates Table Template from QHPs.
- You are encouraged to use separate sheets for Individual plans and Small Business Health Options Program (SHOP) plans.
- Individual Market SADP issuers that rate on both Age Band and Family Option (also known as family tier rating) must have separate sheets for each type of rate. Note that FF SHOP (Federally-facilitated SHOP) and SP SHOP (State Partnership SHOP) can only display plans with individual age-banded rates.
- For Individual Market plans, the *Rate Effective Date* must be January 1, 2017.
- For SHOP plans with trended quarterly rates, the *Rate Effective Date* must correspond with the calendar quarters (January 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup> or October 1<sup>st</sup>). Each worksheet in the Rates Table Template is bound to a separate effective date range. An issuer submitting SHOP trended quarterly rates should submit a separate worksheet for each date range that a set of rates will be in effect.

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- An issuer submitting a SHOP quarterly rate change should submit the entire template with updated worksheets for the effective date range of the quarterly rate change during the applicable quarterly rate change submission window. An issuer may submit rate changes that would apply for the next quarter and/or any subsequent quarter in the remaining plan year. An issuer should not change or delete rates for any current or previous quarter during the submission window.
- In this document, data fields and section headings are in *italics*, and data entry options, buttons, and ribbon are **bold**.

#### 4.1 HIOS User Interface Instructions

The Rates Table section of the QHP Application has no user interface questions.

#### 4.2 Template Instructions

Issuers should complete the Rates Table Template using the instructions that follow to provide information for each health plan they wish to submit. Download the latest versions of the Rates Table Template from <http://cciio.cms.gov/programs/exchanges/qhp.html>.

The Rates Table Template contains macros that are required to finalize and validate the template. The macros need to be enabled to allow proper functionality of the template. See the Rating Module User Guide for instructions on enabling macros in Microsoft Excel 2007-2010. The template should be completed using Microsoft Excel 2007 or 2010. Complete template functionality may not be fully supported by Microsoft Excel 2013.

Figure 14-2 shows an example of the completed Rates Table Template showing individual rates.

**Figure 14-2. Rates Table Template with Individual Rates**

2017 Rates Table Template v6.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
Validate		If you are a community rating state, select Family Option under Age and fill in all columns.			
Finalize		If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*		12345			
Federal TIN*		123456789			
Rate Effective Date*		01/01/2017			
Rate Expiration Date*		12/31/2017			
Add Sheet					
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
<b>Required:</b> Enter the 11-character Plan ID	<b>Required:</b> Select the Rating Area ID	<b>Required:</b> Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	<b>Required:</b> Select the age of a subscriber eligible for the rate	<b>Required:</b> Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	<b>Required:</b> Enter the rate of an Individual tobacco enrollee on a plan
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	0-20	100.00	110.00
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	21	102.00	112.00
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	22	104.00	114.00
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	23	106.00	116.00
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	24	108.00	118.00

##### 4.2.1 Entering Data

Complete the following general information:

1. *HIOS Issuer ID* (required). Enter the 5-digit numeric issuer identification number.

2. *Federal TIN* (required). Enter the 9 digit (xx-xxxxxxx) TIN.
3. *Rate Effective Date* (required). Enter the “Rate Effective Date” as mm/dd/yyyy.
  - a. For Individual Market plans, the “Rate Effective Date” must be January 1.
  - b. For Small Business Health Options Program (SHOP) plans with trended quarterly rates, the “Rate Effective Date” must correspond with the calendar quarters (January 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup> and October 1<sup>st</sup>). Each worksheet in the Rates Table Template is bound to a separate effective date range. An issuer submitting SHOP trended quarterly rates should submit a separate worksheet for each date range that a set of rates will be in effect.
  - c. An issuer submitting a SHOP quarterly rate change should submit the entire template with updated worksheets for the effective date range of the quarterly rate change during the applicable quarterly rate change submission window. An issuer may submit rate changes that would apply for the next quarter and/or any subsequent quarter in the remaining plan year. An issuer should not change or delete rates for any current or previous quarter during the submission window. For example, during the submission for updated second quarter SHOP rates, the first quarter rates should match the original submission. For SHOP medical plans, the changes must be consistent with the revised index rates that are submitted in the corresponding Unified Rate Review Template.
4. *Rate Expiration Date* (required). Enter the *Rate Expiration Date* as mm/dd/yyyy.
  - a. For Individual Market plans, the *Rate Expiration Date* must be December 31.
  - b. For SHOP plans, the *Rate Expiration Date* must correspond with the calendar quarters (March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup> or December 31<sup>st</sup>).
5. **Add Sheet Button** (optional). Use the **Add Sheet** button to add additional worksheets for the following:
  - a. If you have SHOP plans with different rate effective/expiration dates. All plans on a single worksheet sheet must have the same effective and expiration dates.
  - b. To separate individual plans and SHOP plans.
  - c. If you offer Individual Market SADPs that use both individual and family tier rating. Note that FF SHOP (Federally-facilitated Small Group Health Options Program) and SP SHOP (State Partnership Small Group Health Options Program) SADPs can only use individual rating.
  - d. To separate by rating area.
6. Starting at Row 14, enter or select the following information in the columns listed below for each row:

- a. *Plan ID* (required). Enter the 14-character alphanumeric HIOS-generated Plan ID (xxxxxxSTxxxxxxx) that identifies the plan that will be associated with the rates in that row.
- b. *Rating Area ID* (required). Select the Rating Area from the list. The Rating Area is the geographic area where the rates in the row are valid. Rating areas are defined by each state. A list of rating areas for each state is available here:  
<http://cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/state-gra.html>.
- c. *Tobacco* (required). Select from the drop-down menu to indicate whether rates vary based upon tobacco use:
  - i. ***Tobacco User/Non-Tobacco User***—if rates are different for tobacco and non-tobacco users. If this option is selected, rates must be entered for both non-tobacco and tobacco users. Market rules require tobacco rates to be no more than 1.5 times higher than the corresponding non-tobacco rate within a single age-band.<sup>1</sup>

Note: Small group market medical plans (including SHOP QHPs) with tobacco rating must offer a wellness program designed to prevent or reduce tobacco use in accordance with Section 2705 of the Public Health Service Act, and indicate the wellness program on their Plans & Benefits Template. If the plan does not offer such a wellness program, the plan cannot rate for tobacco use.

Note: For FF SHOP and SP SHOP, if an enrollee indicates that he/she will complete a tobacco cessation program offered by the plan, the non-tobacco rate will be used.
  - ii. ***No Preference***—if the rate applies to both tobacco and non-tobacco users. No separate rates should be submitted for tobacco and non-tobacco users.
- d. *Age* (required). Select either **0-20** or **Family Option** from the drop-down menu to indicate individual or family tier rating. Note: Only issuers in states that do not permit rating for age or tobacco use and that establish uniform family tiers and corresponding multipliers or issuers entering rates for Individual Market SADPs are eligible to select “Family Option” for tiered rates (FF SHOP and SP SHOP SADPs may only select “0-20” as only SHOP plans with age-banded rates will be displayed). A list of states that use family tier rating is available here:  
<http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/state-rating.html#family>
  - i. Each worksheet must contain only one type of *Age* selection (0-20 or Family Option).

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<sup>1</sup> 42 U.S. Code 300 gg – Fair Health Insurance Premiums.

- ii. If “0-20” is selected, the template will automatically generate a row for each age between 21 and 64. A row labeled “0-20” will be generated for children’s rates and a row labeled 65 or over will be generated for individuals over the age of 65.

For dental plans only: Individual Market SADPs that meet the definition of excepted benefits are not subject to the market rating rules. These plans may adjust for rating age bands that are not present in this template. In the *Plan Attributes* section of the Plans & Benefits Template, Individual Market SADP issuers have the option to elect whether they are voluntarily complying with the rating rules in this template (“Guaranteed”), or if the issuer reserves the right to make further premium adjustments (“Estimated”). The plan display will then indicate to consumers whether the displayed SADP premium is a guaranteed rate or an estimated rate. Please note that in order to be offered on-exchange, FF SHOP and SP SHOP SADPs must provide guaranteed rates.

- iii. If the issuer is in a state which does not permit rating for age or tobacco use and that establishes uniform family tiers (and corresponding multipliers), or is entering rates for an individual market SADP and “Family Option” is selected, skip to step f.
- e. *Individual Rate* (required). Enter the individual rate that applies to that row. Market rules require individual rates to vary based on age by not more than 3 times the age 21 rate. In addition, QHPs may not have a 0-20 age rate higher than the 21 age rate and must follow the Federal age rating curve, or state age rating curve for issuers in states with state age rating curves within the 1:3 Market rule. A list of states using state-specific age curve variations is available here: <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Downloads/state-specific-age-curve-variations-5-14-2013.pdf>

Note that QHPs and SADPs must enter a value above \$0.00 for all age bands under the *Individual Rate* column, unless the QHP or SADP has a value of “Allows Child-Only” under the Child-Only Offering column of the Plans & Benefits Template. For Child-Only offerings, QHPs and SADPs must enter a positive non-zero value for the “0-20” age band, and are allowed to enter a value of \$0.00 for adult age bands from “Age 21” through “65 and over.”

QHPs and SADPs that rate by tobacco use must enter a value above \$0.00 for all age bands under the *Individual Tobacco Rate* column, unless the QHP or SADP has a value of “Allows Child-Only” under the Child-Only Offering column of the Plans & Benefits Template. For Child-Only offerings, QHPs and SADPs must enter a positive non-zero value for the “0-20” age band, and are allowed to enter a value of \$0.00 for the adult age bands from “Age 21” through “65 and over.”

- f. *Family Tier*. Issuers in states that do not permit rating for age or tobacco use and that establish uniform family tiers and corresponding multipliers, or Individual Market SADP issuers who selected “Family Option” in the *Age* field will enter the

individual rate in the *Individual Rate* field. Selecting “Family Option” will also generate the following Family Tier columns:

- i. *Individual Rate* (required). Enter the rate of an individual non-tobacco or no preference enrollee on a plan.
- ii. *Couple* (required). Enter the rate for a couple. A couple is defined as a primary subscriber and his/her spouse. A couple may also be a Domestic Partnership or same-sex partnership, if allowed by the issuer in the Business Rules Template.
- iii. *Primary Subscriber and One Dependent* (required). Enter the rate for a primary subscriber with one dependent.
- iv. *Primary Subscriber and Two Dependents* (required). Enter the rate for a primary subscriber with two dependents.
- v. *Primary Subscriber and Three or More Dependents* (required). Enter the rate for a primary subscriber with 3 or more dependents.
- vi. *Couple and One Dependent* (required). Enter the rate for a couple with one dependent.
- vii. *Couple and Two Dependents* (required). Enter the rate for a couple with two dependents.
- viii. *Couple and Three or More Dependents* (required). Enter the rate for a couple with 3 or more dependents.
- ix. In the **Family Option** defined above, a dependent is defined as any dependent relationship allowed by the issuer that falls under the maximum age of a dependent as defined in the Business Rules Template. If any member of the enrollment group is determined to be ineligible, no rate will be returned for that plan.

Figure 14-3 shows an example of a completed Rates Table Template when “Family Option” is selected.

**Figure 14-3. Rates Table Template with Family Option**

2017 Rates Table Template v6.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.				
Validate		If you are a community rating state, select Family Option under Age and fill in all columns.				
Finalize		If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.				
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.				
HIOS Issuer ID*		12345				
Federal TIN*		123456789				
Rate Effective Date*		01/01/2017				
Rate Expiration Date*		12/31/2017				
Add Sheet						
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Couple *	Primary Subscriber and One Dependent*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)	Required: Enter the rate of a family based on a single parent with one dependent
12345VA1234567	Rating Area 1	No Preference	Family Option	100.00	150.00	120.00

#### *4.2.2 Finalizing Template*

Once you have completed the Rates Table Template, follow these steps to finalize the template:

1. Click the **Validate** button in the top left of the template. The validation process will identify any data issues that need to be resolved. If no errors are identified proceed directly to the 3<sup>rd</sup> step.
2. If the template has any errors, a Validation Report will appear within a pop-up box indicating the data element and cell location of each error. Correct any identified errors and click **Validate** again. Continue this process until all errors are resolved. Once the template is valid, proceed to the next step.
3. Click the **Finalize** button in the template. The **Finalize** function creates the XML file of the template that you need to upload in the applicable QHP Application System.
4. **Save** the XML template. It is recommended you save the validated template to your computer as both a standard Excel.XLSM file, and the finalized.XML file on your local computer in the same folder that contains the template.
5. Upload the saved file in the Rates Table section of the Rating Module of the QHP Application System.

#### **4.3 Supporting Documentation Instructions**

There are no supporting documents for the Rates Table section.